

## Street Transportation Department (602) 495-5463

## RESIDENT PERMIT PARKING PROGRAM \*\*Traffic Study Request\*\*

We, the undersigned, representing fifteen households in the neighborhood below, request a parking study to determine if our neighborhood qualifies for Resident Permit Parking. Depending on the outcome of the study, we may want to pursue 'Resident Only' parking in our neighborhood. However, our signatures on this form do not commit us to support 'Resident Only' parking at any time in the future.

Con	tact Name:		Daytime Phone:		
			( ) -		
Address:			ZIP Code:		
Parking Intrusion Area:					
What is causing the 'intruder' parking (name of business or property):			What is the best time of day / day of week to conduct the study?		
	Signature (One per household)		Address		Phone
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					
14					
15					
	Office Use Only				Date Received:

Send the completed request to: City of Phoenix, Street Transportation Department, Resident Permit Parking Program, 200 W Washington St -6th floor, Phoenix AZ 85003-1611